

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51	1				
2		1					52		1			
3		1					53		1			
4		1					54					
5		1					55					
6		1					56					
7		1					57					
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41							91					
42							92					
43							93					
44			1				94					
45			1				95					
46			1				96					
47			1				97					
48			1				98					
49			1				99					
50			1				100					
Total							Total					Total
Indep							Indep					Indep
Total							Total					Total
Depend							Depend					Depend
Total							Claims					Claims
Claims												